

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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43						
44		9				
45		9				
46	1					
47	1					
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	46					
TOTAL CLAIMS	49					

	A		B		C	
	IND	DEP	IND	DEP	IND	DEP
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